

APPENDIX R

A. INSTRUCTIONS FOR COMPLETION/DISTRIBUTION OF CERS FORMS THE SHIPMENT EVALUATION AND INSPECTION RECORD , DD FORM 2223

1. ORGANIZATION/ FORMAT OF THE DD FORM 2223. The Shipment Evaluation and Inspection Record is organized into five major areas. They are:

- a. Administrative blocks.
- b. Shipment scoring.
- c. Customer Satisfaction.
- d. "Origin" evaluation.
- e. "Destination" evaluation,

Each of these will be discussed in detail below. Additionally, **there** is an illustrated example of a completed form at Figure R-1.

2. ADMINISTRATIVE BLOCK (heading). It is recommended that these items be completed, to the extent possible, at the time the Personal Property Government Bill of Lading is typed. Appropriate entries include:

a. DATE . The initiation date of this document should coincide with the date on the DD Form 1299 and/or the PPGBL.

b. CARD IDENTITY. This block is to be used only by installations utilizing automated CERS procedures, in accordance with instructions from the responsible military service headquarters.

c. **MEMBER'S NAME/RANK.** Last name, first name, middle initial, and rank of individual requesting the shipment.

d. CARRIER'S NAME AND **SCAC.** Enter the carrier's full name, as taken from the TDR, including the **SCAC.**

e. NAME AND ADDRESS OF ORIGIN SHIPPING OFFICE/GOVERNMENT BILL OF LADING OFFICE CODE (**GBLOC**). Enter the name, address (including zip code), and **GBLOC** of the installation effecting the shipment, to include zip code.

f. NAME AND ADDRESS OF DESTINATION SHIPPING **OFFICE/GBLOC.** Enter the name, address (including zip code), and **GBLOC** of the installation receiving the shipment, to include zip code.

g. PICKUP ADDRESS. Enter the pickup address furnished by the member.

h. DELIVERY ADDRESS. Enter delivery address as furnished by the DOD member. (**This** should be completed by the destination PPSO.)

i. PICKUP DATE. Enter the pickup date established by the origin shipping office and agreed to by the carrier.

- j. Required Delivery Date (RDD) established by the origin shipping office.
- k. CODE OF SERVICE. Code 1 or Code 2, as appropriate.
- l. DESTINATION STATE. Enter the state in which the shipment will be delivered.
- m. **INTER-INTRA.** Indicate whether the shipment is an interstate or intrastate move.
- n. **PPGBL** NUMBER. Enter the Personal Property Government **Bill** of Lading number applicable to this shipment.
- o. STORAGE-IN-TRANSIT (SIT) NUMBER. Enter SIT Control Number issued to the carrier by the origin or destination **PPSO**, as appropriate.
- p. DATE IN. Enter date shipment was **ordered** into SIT
- q. DATE OUT. Enter date shipment was delivered out of SIT
- r. DELIVERY DATE. Indicate actual date shipment was delivered to member's residence.

Upon completion of the administrative portion, the original and one copy of the Shipment Evaluation and Inspection Record (DD Form 2223) and the appropriate copy(s) of the PPGBL are to be mailed to the destination transportation office as advance shipment documents. The second copy of the Shipment Evaluation and Inspection Record is retained by the origin shipping office for use in recording the results of the shipment pickup inspection/evaluation.

NOTE : The entire set of the DD Form 2223 prepared for turned back or pulled back shipments are retained by the origin shipping office to use in carrier evaluation.

3. SECTION I - SHIPMENT SCORING. This section is divided into two parts.

a. The first part lists the three scoring elements and degree of violation. At the time of pickup, if the carrier has missed the assigned pickup date, the origin PPSO will place a check in the block following "Failure to pick up on agreed date (para 41a),". The remaining two scoring elements will be completed in the same manner by the destination PPSO at time of delivery.

b. The second part contains a matrix table. The table lists 30 different scores that correspond to any possible combination of scored violations. It also contains a block for the shipment score. If shipment has been turned back or pulled back, it is given a score of 33 by the origin **PPSO**. Otherwise, this part is to be completed by the origin PPSO only after the returned copy from the destination PPSO is received or **12** months have lapsed from the pickup date if the destination copy is not returned. The origin PPSO **will** then determine **the** shipment **score** by matching the appropriate **block** in the matrix table to the violations checked in the first part. The number in that **block** is the shipment score. That number will then be circled and placed in the block titled "Shipment Score."

4. SECTION II - CUSTOMER SATISFACTION. Not applicable.

5. SECTION III.

a. ORIGIN EVALUATION. This column will be used by the origin PPSO to record carrier deficiencies at time of pickup. It has three main parts:

(1) a list of common infractions,

(2) a block for additional violations/remarks, and

(3) a signature and date section.

b. The column is designed to serve as a simple checklist for the inspector/evaluator. When a carrier fails to comply with any provision of the Tender of Service listed, place a check in the "no" **block**. The "Additional Violations/Remarks" block will be used to record any shipments that have been turned back or pulled back or any Tender of Service violations not listed. The origin shipping office representative **will** sign and enter the date in the space provided in the "Origin" column. The Shipment Evaluation and Inspection Record (DD Form 2223) will be placed in the carrier's performance file for reference use pending (except for turned or pulled back shipments) the return of the first and second copies from the destination transportation office.

6. DESTINATION EVALUATION. Like the "Origin" column, the "Destination" column has three parts. At the time shipment is delivered to residence or shortly thereafter, the "Destination" column will be used by the destination PPSO to record carrier deficiencies noted at destination. The destination transportation office representative will sign and enter the date in the space provided in the "Destination" **column**. The original completed form will be returned to the origin shipping offices, with the Joint Statement of Loss or Damage at Delivery (DD Form 1840, Figure 10-1), if available. The copy of the Shipment Evaluation and Inspection Record is retained by the destination office for future reference.

7. FINAL FORMS COMPLETION. Final completion of the form is accomplished by the origin PPSO using the "feedback" information from destination. The "feedback" information will consist of the original copy of the Shipment Evaluation and Inspection Record and the completed Customer Satisfaction Report (unless the destination transportation office indicates that a customer report is not obtainable). In completing the form for mailing to the carrier, the origin PPSO will follow the steps described below:

(1) From the appropriate office file, retrieve the file copy of the Shipment Evaluation and Inspection Record.

(2) Transpose all data from origin and destination copies except the destination shipping office signature block.

(3) Complete the shipment scoring as described in paragraph A.3.b. above.

(4) Annotate in the bottom right-hand corner of the form if the form is a Letter of Warning. NOTE: Anytime the shipment score is less than 85 or violation are indicated in Section 111, the form is a "Letter of Warning."

(5) Once the above steps are completed, the origin PPSO representative will sign and date the form in the bottom left corner.

8. DISPOSITION OF THE FORM COPIES.

- a. ORIGINAL ----- This becomes the record copy. It is to be placed in the carrier performance file for use in preparing the DD Form 2224 at the completion of the **6-month** evaluation period. This will be made available to the origin agent for review upon request.
- b. 1ST COPY ----- This will be posted with the same information contained on the original and mailed to the carrier's home office.
- c. 2ND COPY ----- This copy is to be retained by the destination transportation office for reference purposes.

General Note for Personnel Processing This Report: Items marked with an asterisk (*) have been registered in the DOD Data Element Program. Data elements and coding must be as indicated in the instructions. In cases where specific coding instructions are not provided, reference must be made to the Department of Defense Manual for Standard Data Elements, DOD 5000.12-M. Noncompliance with either the coding instructions contained herein or those registered in the DOD Data Element Program will make the organization failing to comply responsible for required concessions in data base communication. Cost of data conversions will be borne by the organization whose category of data element lacks precedence.

B. INSTRUCTIONS FOR COMPLETION/DISPOSITION OF THE CARRIER EVALUATION WORK SHEET/REPORT, DD FORM 2224

1. FORMAT OF THE FORM. The Carrier Evaluation Work Sheet/Report is organized in the following manner:

- a. Administrative data blocks.
- b. Shipment performance data blocks.
- c. Shipment performance score blocks.
- d. Overall carrier performance block.

Each will be explained in detail below. An example of a completed form "is provided at Figure R-2.

2. ADMINISTRATIVE BLOCKS (heading). Appropriate entries include:

- a. NAME OF CARRIER. Enter carrier's full name and mailing address.
- b. SCAC . Enter the standard carrier alpha code assigned to the carrier.
- c. CODE OF SERVICE. Enter the appropriate code of service (1 or 2).
- d. NAME OF ORIGIN SHIPPING OFFICE . Name of installation evaluating the carrier.
- e. **GBLOC** . Enter the Government bill of lading office code assigned to the reporting PPSO.
- f. PERIOD COVERED. Enter dates during **which data** was collected (**Yr/May-Yr/October** or **Yr/November-Yr/April**).
- g. INTERSTATE/INTRASTATE . Check the appropriate box indicating the type of traffic recorded on the form.
- h. NUMBER OF SUSPENSIONS. Indicate the number of suspensions (regular and/or immediate) imposed during this evaluation period.

3. SHIPMENT PERFORMANCE DATA. Entries for the form will be transposed from the Shipment Evaluation and Inspection Records contained in the carrier's performance file for the performance period entered in block 6 of the DD Form 2224. Each entry will coincide with the data contained on the Shipment Evaluation Inspection Record. Beginning at the left margin of the Carrier Evaluation Work Sheet/Report, the following data will be recorded:

- a. PROPERTY OWNER. The member's name, as entered on the Shipment Evaluation and Inspection Record (DD Form 2223).
- b. PPGBL NUMBER. The Personal Property Government **Bill** of Lading number, as shown on the DD Form 2223.
- c. MISSED PICKUP, MISSED REQUIRED DELIVERY DATE, AND LOSS/DAMAGE. Transpose the data from Section I of the DD Form 2223 by placing checks in the appropriate blocks. Enter "turned back or pulled back" if noted in the "Remarks" block of the DD Form 2223.
- d. SHIPMENT SCORE. Enter shipment score **shown on** the DD Form 2223.
- e. Record all data from all Shipment Evaluation and Inspection Records in the carrier's performance file for the appropriate performance period. Continue on subsequent pages as necessary. Ensure that continuation pages are appropriately numbered (i.e., Page of) in the space provided at the top of the form.
- f. FINAL SHIPMENT. After recording the data for all Shipment Evaluation **and Inspection Records contained in the carrier's** performance file **for the** performance period, draw a line the full width of the Carrier Evaluation Work Sheet/Report. Enter "LAST SHIPMENT ENTRY," as illustrated on the sample form at Figure R-3.

4. BOTTOM OF THE FORM. Once all shipments have been listed, the bottom of the form will be completed as follows:

a. **TOTAL** . The check marks in each column will be added and the sum entered in the blocks provided at the bottom of the Carrier Evaluation Worksheet/Report. Under the "Shipment Score" column, add all of the scores together vertically down the form and place the sum in the block provided for "Total."

b. **NUMBER** OF SHIPMENTS SCORED. Enter the number of shipments scored this period (determined by counting the shipments listed on the form).

c. **AVERAGE SHIPMENT** SCORE. Divide the figure in the total block under "Shipment Score" by the figure in the "Number Shipments Scored" block. Scores **will** not be rounded.

d. **CARRIER STATUS.** If the average shipment score is 85 or higher, check the "Satisfactory" block. If the average shipment score is lower than 85, check the "Unsatisfactory" block.

e. **SIGNATURE AND DATE.** Once the form has been completed, it will be signed and dated by the shipping office representative who completed the form.

f. **DISPOSITION.** The original copy of the Carrier Evaluation Worksheet/Report (DD Form 2224) is to be maintained on **file** at the origin PPS0 . The second copy will be **mailed** to the carrier's home office.

General Note for Personnel Processing This Report: Items marked with an asterisk (*) have been registered in the DOD Data Element Program. Data elements and coding must be as indicated in the instructions. In cases where specific coding instructions are not provide, reference must be made to the Department of Defense Manual for Standard Data Elements, DOD 5000.12-M. Noncompliance with either the coding instructions contained herein or those registered in the DOD Data Element Program will make the organization failing to comply responsible **for** required concessions in data base communication. Cost of data conversions **will** be borne by the organization whose category of data element lacks precedence.

c. **INSTRUCTIONS FOR DATA SUBMISSION**

1. This appendix and its figures provides detailed instructions on submission of CERS data to HQ MTMC.

2. CARD CODING INSTRUCTIONS. As stated in paragraph **2026.d.** of this Regulation, installations having automated programs may not need to code the data submission. However, for those automated installations whose programs do not produce the cards and for all manual installations, the data will be coded on ADP transcript sheets as follows: NOTE : All **alpha** and numeric fields must be completed. (Example at Figure R-4):

<u>Card columns</u>	<u>Identification of Element (Field)</u>	<u>Instructions</u>
1-4	Government Bill of Lading Office Code (GBLOC)	Enter your appropriate code by extracting from the Personal Property Consignment Instructions Guide (PPCIG) , Volume 1 (CONUS) .
5-8	Standard Carrier Alpha Code (SCAC)	Enter carrier's assigned code by extracting from the MTMC Domestic and Mobile Home Personal Property Carrier Approvals Printout.
9-13	Average Shipment Score	Extract from DD Form 2224.
14	Code of Service	Enter applicable code: A = Code 1 interstate B = Code 2 interstate C = Code 1 intrastate D = Code 2 intrastate
15	Transportation Distribution	Enter appropriate TDR Area Designation area of operations (1,2,3,4). DO NOT LEAVE THIS BLANK. (NOTE: Some PPSOS may have only one area of operation for interstate traffic, but serve two or more states on intrastate traffic; in such cases, appropriate entries will be made in this block to separate the states when listing intrastate traffic.)
16-19	Number of Shipments Scored	This figure will be extracted from the DD Form 2224 for each carrier.

20-30	Filler (Blank)	Leave these blocks blank.	
31	Number of Regular Suspensions	Enter number imposed during each period. This data will be extracted from the DD Form 2224.	DD Form 2224
32	Number of Immediate Suspensions	Enter number imposed during each period. This data will be extracted from the DD Form 2224.	
33-34	Number of Shipments with Late Pickup	● Enter total number of times carrier missed a pickup during applicable distribution period. Data is available from the DD Form 2224.	
35-36	Number of Shipments with Missed RDD of 1-2 Days	Enter total number of times carrier missed the RDD of 1-2 days during applicable distribution period. Data is available from the DD Form 2224.	
37-38	Number of Shipments with Missed RDD of 3-5 Days	Enter total number of times carrier missed the RDD of 3-5 days during applicable distribution period. Data is available from the DD Form 2224.	
39-40	Number of Shipments with Missed RDD of 6-9 Days	Enter total number of times carrier missed the RDD of 6-9 days during applicable distribution period. Data is available from the DD Form 2224.	
41-42	Number of Shipments with Missed RDD of 10 Days	Enter total number of times carrier missed the RDD of 10 days during applicable distribution period. Data is available from the DD Form 2224.	

43-45	Number of Shipments, Loss /Damage, Less than \$500	Enter total number of times carrier had loss/damage less than \$500 . Data is available from the DD Form 2224.
46-48	Number of Shipments, Loss/Damage, \$500/Over	Enter total number of times carrier had loss/damage \$500 or more. Data is available from the DD Form 2224.
49-50	Number of Shipments, Turned Back or Pulled Back	Enter total number of shipments turned back or pulled back.
51-80	Filler (Blank)	"Leave these blocks blank.

3. TRANSMISSION. Transmission will be via AUTODIN. All submissions using the AUTOVON system must contain a 'Header" and "Trailer" card. In addition, to help HQMTMC communications personnel identify the appropriate receiving office, each submission will also include an "Attention" card. These cards must be prepared in the format shown at Figure R-5. For automated installations, the program may produce these cards as part of the end-of-period run. In such cases, once the cards are ready for transmission, the entire deck **will** be submitted to the installation communication facility for transmission. However, for automated installations, submit the card deck (minus the Header, Trailer and Attention cards) to the installation communications facility using the DD Form 1392 (Figure R-6). The **DD** Form 1392 must contain **all** data elements shown in the example plus all other data elements applicable to the submitting installation.

D. HOW TO USE THE RANDOM NUMBER TABLE TO IDENTIFY A RANDOM **SAMPLE** OF CARRIERS

1. In viewing the Random Number Table, you will note the numbers , each consisting of five digits, are arranged in lines and columns. To use this table, digits must be eliminated beginning at the left, from each number selected, leaving only those place values corresponding to the number of carriers in your sampling. If your sample consists of five carriers, four digits beginning at the left **will** be eliminated. If your sample consists of twenty carriers, three digits beginning at the left will be eliminated and , .s0 on.

Example: Five carriers having the same average shipment score and tonnage, and having equal rates on file must be listed on the TDR in a random order. Arrange the carriers alphabetically by SCAC code.

<u>Carriers</u>	<u>Alphabetical Listing</u>
1. ABCD	AAAC
2. AABB	AABB
3. AAAC	ABCD
4. BACD	BACD
5. CACD	CACD

2. In this example, we chose to use page one of the Random Number Tables, though you may use any you choose. Close your eyes and place your point on the table. Our pointer landed on number 90229 (line 21/column 7). Because our example consists of five carriers, four of the digits beginning at the left have been discarded, leaving us with the number 9. Having only five carriers, we must come across the first number between 1 and 5. Choosing to move vertically down the page, our next number is 94342. Again, discarding the first four digits our remaining number is 2. AABB is the second carrier in our alphabetical lists and is therefore, placed first on the TDR. Moving down the column again our next number is 445834, carrier BACD will be placed second on the TDR. This process is continued until the TDR listing is completed as follows:

<u>Carriers</u>	<u>Alphabetical Listing</u>	<u>TDR</u>
1. ABCD	AAAc	AABB
2. AABB	AABB	BACD
3. AAAc	ABCD	CACD
4. BACD	BACD	ABCD
5. CACD	CACD	AAAC

3. If you run out of numbers before all carriers have been randomly placed in the listing, continue on the next pages, using the same column which **is** in this case, column 7. If **column** 7 expires, continue onto column 8 on until all carriers are arranged randomly.

SHIPMENT Evaluation AND INSPECTION RECORD				1. DATE (Yr/Mo/Day)	2. CARD IDENTITY (1-2)	REPORTS CONTROL SYMBOL NTMC (34/R2)	
3. MEMBER'S NAME (Last, First, M.I.)		4. RANK	5. CARRIER'S NAME		6. SCAC		
Lear, Chanda		E5	Gabriel Carriage + Co.		GABE		
7. NAME OF ORIGIN SHIPPING OFFICE		8. SBLOC	9. NAME OF DESTINATION SHIPPING OFFICE		10. SBLOC		
Fort Faith, VA		FATH	Fort Peace, KS		PECE		
11. ADDRESS (Street, Zip Code)			12. ADDRESS (Street, Zip Code)				
VA 22401			KS 67410				
13. PICK UP ADDRESS (Street, City, State)			14. DELIVERY ADDRESS (Street, City, State)				
1720 McLaws Dr., Spotsylvania, VA			2 Golden St., Heaven, KS				
15. PICK UP DATE (Yr/Mo/Day)	16. REQUIRED DELIVERY DATE (Yr/Mo/Day)	17. CODE OF SERVICE (7)	18. DESTINATION STATE	19. INTER-INTRA (8)			
87/05/12	87/06/17	1	KS	INTER			
20. PPS&E NUMBER (9-17)	21. S.I.T. NUMBER	22. DATE IN (Yr/Mo/Day)	23. DATE OUT (Yr/Mo/Day)	24. DELIVERY DATE (Yr/Mo/Day)			
AP-891017				87/06/17			
1. SHIPMENT SCORING a. Failure to pick up on agreed date (Para 41.a) <input type="checkbox"/> b. Loss or damage estimate (Para 27) Less than \$500 <input checked="" type="checkbox"/> \$500 or over <input type="checkbox"/> c. Failure to meet required delivery date (Para 41.e, 46) 1-2 Days <input type="checkbox"/> 3-5 Days <input type="checkbox"/> 6-9 Days <input type="checkbox"/> 10 Days/over <input type="checkbox"/>							
OTHER VARIABLES			MISSED RDO				
			0 Days	1-2 Days	3-5 Days	6-9 Days	10 or More
Met pick up and no loss/damage			100	92	83	75	67
Met pick up but loss/damage under \$500			93	85	77	69	61
Met pick up but loss/damage \$500 or more			87	80	70	62	53
Shipped over and no loss/damage			87	80	70	62	53
Missed pick up and loss/damage under \$500			80	72	63	55	47
Missed pick up and loss/damage \$500 or more			73	65	57	49	41
SHIPMENT SCORE is determined from above table:							
1. CUSTOMER SATISFACTION			YES <input type="checkbox"/> NO <input type="checkbox"/> NO RESPONSE <input type="checkbox"/>				
2. SHIPMENT EVALUATION							
ORIGIN		YES	NO	DESTINATION		YES	NO
Made promissory survey (if applicable) (para 41.a)				Notified destination ITO in advance of inability to meet RDO (para 41.e)			
Used proper/sufficient packing material/equipment (para 42, 43, 44, 49)				Notified destination ITO of arrival/delivery (para 41.e, d)			
Prepared inventory properly (para 54)				Recorded loss/damage during unloading/unpacking (para 32)			
Prepared DD Form 515 properly (para 23)				Prepared DD Form 515 properly (para 23)			
Used qualified personnel (para 47)				Used qualified personnel (para 47)			
Properly serviced appliances (para 44.b, 1)				Properly serviced appliances (para 44.b)			<input checked="" type="checkbox"/>
Rolled rugs properly: did not fold (para 36.d, 44.j)				Rugs were rolled properly: not folded (para 36.d, 44.j)			
Weighed shipment in manner prescribed by ICC (para 20.e)				Reweighed shipment when/as requested (para 20.g)			
Removed packing material and other debris (para 50)				Unpacked, reassembled and removed packing debris (para 37)			
Provided required documents to ITO/member within time specified (para 18, 20, 52, 53.a)				Provided required documents to ITO/member within time specified (para 18, 20, 52, 53.a)			
Containers were properly marked and protected from the weather (para 40.a(1), (2), 40.b, c, d, e)				Containers were properly marked and protected from the weather (para 40.a(1), (2), 40.b, c, d, e)			
PPS&E was packed, weighed and entered on inventory and BIL (para 54.a)				Complied with storage in transit requirements (para 21, 38.a, b, c, e(1), (2))			
REMARKS (Include any additional violations)				REMARKS (Include any additional violations)			
SIGNATURE OF SHIPPING OFFICE REPRESENTATIVE				SIGNATURE OF SHIPPING OFFICE REPRESENTATIVE			
 DATE (Yr/Mo/Day) 87/05/12				 DATE (Yr/Mo/Day) 87/06/19			
SIGNATURE OF SHIPPING OFFICE REPRESENTATIVE				THIS SERVES AS A LETTER OF WARNING <input checked="" type="checkbox"/>			
 DATE (Yr/Mo/Day) 87/07/08							

DD FORM 2223
63 MAR

PREVIOUS EDITION IS OBSOLETE

(Figure R-1)

SHIPMENT EVALUATION AND INSPECTION RECORD		1. DATE (Yr/Mo/Day) 87/03/15		2. CARD IDENTITY (1-2)		REPORTS CONTROL SYMBOL NTMC 124(R3)																																				
3. MEMBER'S NAME (Last, First, MI) Lula, Hal A.		4. RANK 04		5. CARRIER'S NAME Careful Van Lines		6. SCAC CARE																																				
7. NAME OF ORIGIN SHIPPING OFFICE Fort Battle, VA		8. SBLOC BAAT		9. NAME OF DESTINATION SHIPPING OFFICE Fort Peace, WA		10. SBLOC PLAC																																				
11. ADDRESS (State, ZIP code) VA 22051		12. ADDRESS (State, ZIP code) WA 77777																																								
13. PICK UP ADDRESS (Street, city, state) 2 Getme Place, Norfolk, VA		14. DELIVERY ADDRESS (Street, city, state) 4 Takem Ave., Seattle, WA																																								
15. PICK UP DATE (Yr/Mo/Day) 87/03/15		16. REQUIRED DELIVERY DATE (Yr/Mo/Day) 87/05/01		17. CODE OF SERVICE (7) 1		18. DESTINATION STATE WA																																				
19. INTER-INTRA (8) INTER		20. FREIGHT NUMBER (8-17) AP-98765		21. S.I.T. NUMBER		22. DATE IN (Yr/Mo/Day)																																				
23. DATE OUT (Yr/Mo/Day)		24. DELIVERY DATE (Yr/Mo/Day)																																								
1. SHIPMENT SCORING a. Failure to pick up on agreed date (para 41.a) <input type="checkbox"/> b. Failure to meet required delivery date (para 41.a 46) 1-2 Days <input type="checkbox"/> 3-5 Days <input type="checkbox"/> 6-9 Days <input type="checkbox"/> 10 Days/over <input type="checkbox"/> c. Loss or damage estimate (para 37) Less than \$500 <input type="checkbox"/> \$500 or over <input type="checkbox"/>																																										
OTHER VARIABLES				MISSED RDD																																						
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>0 Days</th> <th>1-2 Days</th> <th>3-5 Days</th> <th>6-9 Days</th> <th>10 or more</th> </tr> <tr> <td>100</td> <td>82</td> <td>63</td> <td>75</td> <td>67</td> </tr> <tr> <td>92</td> <td>85</td> <td>77</td> <td>68</td> <td>69</td> </tr> <tr> <td>87</td> <td>88</td> <td>80</td> <td>43</td> <td>33</td> </tr> <tr> <td>87</td> <td>88</td> <td>80</td> <td>43</td> <td>33</td> </tr> <tr> <td>80</td> <td>82</td> <td>43</td> <td>35</td> <td>27</td> </tr> <tr> <td>33</td> <td>25</td> <td>17</td> <td>8</td> <td>0</td> </tr> </table>				0 Days	1-2 Days	3-5 Days	6-9 Days	10 or more	100	82	63	75	67	92	85	77	68	69	87	88	80	43	33	87	88	80	43	33	80	82	43	35	27	33	25	17	8	0
0 Days	1-2 Days	3-5 Days	6-9 Days	10 or more																																						
100	82	63	75	67																																						
92	85	77	68	69																																						
87	88	80	43	33																																						
87	88	80	43	33																																						
80	82	43	35	27																																						
33	25	17	8	0																																						
SHIPMENT SCORE (as determined from above table)																																										
1. CUSTOMER SATISFACTION				YES <input type="checkbox"/> NO <input type="checkbox"/> NO RESPONSE <input type="checkbox"/>																																						
1. SHIPMENT EVALUATION																																										
ORIGIN		YES		NO		DESTINATION																																				
						YES																																				
						NO																																				
Made premove survey (if applicable) (para 41.a)				Notified destination ITO in advance of inability to meet RDD (para 41.c)																																						
Used proper/sufficient packing material/equipment (para 42, 43, 44, 49)				Notified destination ITO of arrival/delivery (para 41.a, d)																																						
Prepared inventory properly (para 54)				Recorded loss/damage during unloading/unpacking (para 35)																																						
Prepared DD Form 619 properly (para 23)				Prepared DD Form 619 properly (para 23)																																						
Used qualified personnel (para 47)				Used qualified personnel (para 47)																																						
Property serviced appliances (para 44.b, i)				Property serviced appliances (para 44.b)																																						
Rug(s) rolled properly, did not fold (para 36.d, 44.j)				Rug(s) were rolled properly; not folded (para 36.d, 44.j)																																						
Weighed shipment in manner prescribed by ICC (para 30.c)				Reweighed shipment when/as requested (para 30.g)																																						
Removed packing material and other debris (para 50)				Unpacked, reassembled and removed packing debris (para 37)																																						
Provided required documents to ITO/member within time specified (para 18, 28, 52, 53.a)				Provided required documents to ITO/member within time specified (para 18, 28, 52, 53.a)																																						
Containers were properly marked and protected from the weather (para 40.a(1), (2), 40.b, c, d, e)				Containers were properly marked and protected from the weather (para 40.a(1), (2), 40.b, c, d, e)																																						
PDAE was done, weighed and entered on inventory and GBL (para 54.g)				Complied with storage in transit requirements (para 31, 36.a, b, c, e(1), (2))																																						
REMARKS (Include any additional violations) Shipment turned back Shipment pulled back (Note: Choose One)				REMARKS (Include any additional violations)																																						
SIGNATURE OF SHIPPING OFFICE REPRESENTATIVE L. Catches				SIGNATURE OF SHIPPING OFFICE REPRESENTATIVE																																						
DATE (Yr/Mo/Day) 87/05/08				DATE (Yr/Mo/Day)																																						
SIGNATURE OF SHIPPING OFFICE REPRESENTATIVE				THIS SERVES AS A LETTER OF WARNING <input checked="" type="checkbox"/>																																						
DATE (Yr/Mo/Day)																																										

DD FORM 2223

PREVIOUS EDITION IS OBSOLETE

(figure R-1 con't)

Optional Form 99, 12-79
General Services Administration

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Figure R-3
R-14

RECORD SPECIFICATION					1. DATE
10 713CERS					3. TITLE CERS 11 JANAP 128AUTODIN HEADER, MESSAGE AND TRAILER ORMAT
DESCRIPTION REF: AUTOMATIC DIGITAL NETWORK (AUTODIN) OPERATING PROCEDURES JANAP 128 AUG 76, SECTION 111 INPUT TO JOB 7130100					LENGTH 80 SECLAS/PRIV U-N
POSITION	FIELD	FIELD TITLES	REP	LEN	REMARKS
<u>AUTODIN HEADER FORMAT</u>					
1-3	1.	PRECEDENCE & LANGUAGE MEDIA	A	3	CONSTANT AS SHOWN BELOU RCC U DKQR
4	2*	CLASSIFICATION	A	1	
5-8	3.	CONTENT INDICATOR CODE	A	4	
9	4.	BLANK/FILLER			
10-16	5.	ORIGINATOR STATION ROUTING ID	A	7	Uuuu -- RUKGUTC
17-20	6.	STATION SERIAL NUMBER	N	4	
21	7.	BLANK/FILLER			
22-24	8.	DATE (JULIAN)	N	3	
25-28	9.	TIME FILED (ZULU)	N	4	
29	10.	BLANK/FILLER			
30-33	11.	RECORD COUNT	AN	4	
34-38	12.	CLASSIFICATION REDUNDANCY	A	5	
39-40	13.	START ROUTING SIGNAL	SP	2	
41-47	14.	ADDRESS ROUTING I/O.	A	7	
48	15.	END OF SIGNAL	5P	1	
49-80	16.	BLANK/FILLER			
<u>AUTODIN ATTENTION FORMAT</u>					
1-12	1.	ATTENTION LINE		12	ATTN: MT-PPC
13-80	68.	BLANK/FILLER			
<u>AUTODIN TRAILER FORMAT</u>					
1-38	1-12	DUPLICATE INFORMATION FROM HEADER POSITIONS 1-38	A-AN	38	NNNN
39-76	13	BLANK/FILLER			
77-80	14	END OF TRANSMISSION SIGNAL	A	4	
NOTE:	SUBMIT	ONLY THE AUTODIN HEADER AND ATTENTION DATA (THE RECORD COUNT MUST NOT EXCEED 500 NUMBER AND INCLUDE THE AUTODIN TRAILER.	CARD RECORD	FOLLOW PER S'	BY CERS 11 ION SERIAL

DA FORM 4738 1 NOV 78

(figure R - 4)

GOVERNMENT PRINTING OFFICE: 1967 O - 374-442

DATA MESSAGE FORM		PRECEDENCE Routine	IMP CC	CLASSIFICATION UNCLASSIFIED	
SOURCE (Clear Text) OOR HMC WASH DC //MT-PPQ// WIMA*ToI-116CMTU-210W (RCS, W-1-42, 2200A, etc.)				CARD COUNT (Dial cards)	
		CONTENT IND DKQR	RELEASING OFFICER'S SIGNATURE		OFFICE SYMBOL & EXT.
REMARKS Please make an attention card following the header card, "ATTN:MT-PPQ"					
FOR COMMUNICATIONS CENTER USE ONLY					
ORIGINATOR'S ROUTING INDICATOR		STATION SERIAL NUMBER		DATE-TIME (Time/Day)	
DIAL CARD COUNT		ADDRESSEE ROUTING INDICATOR		SUPERVISOR'S SIGNATURE	
OPERATOR'S SIGNATURE		TIME TRANSMITTED		CLASSIFICATION	

DD FORM 1392, 1 AUG 63

(figure R-5)